

Fill in this information to identify your case:

United States Bankruptcy Court for the:

EASTERN DISTRICT OF VIRGINIA

Case number (if known) Chapter 11

☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/19

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Civitas Health Care Services, Inc.

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 26-2277735

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

5663 South Laburnam Avenue  
Henrico, VA 23231

Number, Street, City, State & ZIP Code

Henrico

County

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) www.civitashealth.com

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor **Civitas Health Care Services, Inc.**  
Name

Case number (if known)

**7. Describe debtor's business** A. Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the above

## B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. § 501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.  
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8093**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check all that apply:

- ☒ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625 (amount subject to adjustment on 4/01/22 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No.☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

**10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?**☒ No☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **Civitas Health Care Services, Inc.**  
Name

Case number (if known)

**11. Why is the case filed in this district?***Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

**12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?**☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (*Check all that apply.*)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other \_\_\_\_\_**Where is the property?** \_\_\_\_\_

Number, Street, City, State &amp; ZIP Code

**Is the property insured?**☐ No☐ Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information****13. Debtor's estimation of available funds***Check one:*

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

**14. Estimated number of creditors**☒ 1-49☐ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☒ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☒ \$1,000,001 - \$10 million☐ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **Civitas Health Care Services, Inc.**  
Name

Case number (if known)

**Request for Relief, Declaration, and Signatures****WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **September 24, 2019**  
MM / DD / YYYY**X /s/ Lemar Allen Bowers**  
Signature of authorized representative of debtor  
  
Title **Chief Executive Office/President****Lemar Allen Bowers**  
Printed name**18. Signature of attorney****X /s/ Steven Shareff**  
Signature of attorney for debtorDate **September 24, 2019**  
MM / DD / YYYY**Steven Shareff 24323**  
Printed name**Steven Shareff, Esquire**  
Firm name**PO Box 729**  
**Louisa, VA 23093**

Number, Street, City, State &amp; ZIP Code

Contact phone **540 748-2176**Email address **eleban39@aol.com****24323 VA**  
Bar number and State

**Fill in this information to identify the case:**

Debtor name **Civitas Health Care Services, Inc.**  
 United States Bankruptcy Court for the: **EASTERN DISTRICT OF VIRGINIA**  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 204**

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
AF Byrd 5737 S Laburnum Avenue Building 5 Henrico, VA 23231		corporate office arrears				\$13,230.00
Bill Waddington 909 East Main Street Ste 1200 Richmond, VA 23219		legal services				\$22,024.00
Commonwealth of Va for DMAS Attorney General/Jody Allen 900 East Main Street Richmond, VA 23219		retractions due to medicaid overpayments				\$40,661.00
Hogge Law 500 East Plume Street Ste 800 Richmond, VA 23230		legal services				\$15,303.00
Internal Revenue Services c/o Ms. M Edwards Revenue Off 410 N 8th Street Room 860 Richmond, VA 23219-4838		payroll taxes		\$1,000,000.00	\$0.00	\$1,000,000.00
Jackson Lewis Legal 701 East Byrd Street 17th Floo Richmond, VA 23219		legal services				\$36,485.00

Debtor **Civitas Health Care Services, Inc.**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Kabbage 740 Waukegan Road Ste 404 Deerfield, IL 60015		credit line				\$19,885.00
Knight Capital Funding 9 East Loockermann Street Suite 202-543 Dover, DE 19901				\$57,500.00	\$0.00	\$57,500.00
On Deck 1400 Broadway New York, NY		lloan				\$40,269.00
Parker Pollard 6802 Paragon Place Suite 230 Richmond, VA 23230		legal services				\$25,740.00
Parker Pollard Wilton and Pead 6802 Paragon Place Suite 300 Richmond, VA 23230		legal services				\$19,653.00
Porter Realty 4801 Radford Avenue PO Box 6482 Richmond, VA 23230		office space lease				\$12,969.00
SPG Advance 1221 McDonald Avenue Brooklyn, NY 11230				\$53,501.00	\$0.00	\$53,501.00
Stewart Financial Services 13819 Vincent Lane Midlothian, VA 23114		accounting services				\$14,184.00
The Nesbitt Law Firm 1915 Huguenot Road Richmond, VA 23235		legal services				\$12,092.00
Tierpoint 12444 POvercourt Drive Ste 450 Saint Louis, MO 63131		server hosting site				\$62,666.00

Debtor **Civitas Health Care Services, Inc.**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
United Health Care UHS Premium Building PO Box 959782 Saint Louis, MO 63195-9782		employee health insurance				\$89,254.00
Virginia Department of Taxatio PO Box 1777 Richmond, VA 23218-1777				\$88,852.00	\$0.00	\$88,852.00
Virginia Employment Commission				\$39,164.00	\$0.00	\$39,164.00
Windstream 3 Golf Center Suite 361 Hoffman Estates, IL 60169		phone service early termination fee				\$127,261.00

ADP LLC  
PO Box 842875  
Boston, MA 02284-2875

AF Byrd  
5737 S Laburnum Avenue  
Building 5  
Henrico, VA 23231

Anthem  
PO Box 361625  
Columbus, OH 43236

AT&T  
PO Box 2390  
Southgate, MI 48195

Ballentine Manor  
PO Box 730  
Carrollton, VA 23314

Bill Waddington  
909 East Main Street Ste 1200  
Richmond, VA 23219

City of Virginia Beach  
2401 Courthouse Drive Buld 1  
Virginia Beach, VA 23456

Commissioner of Revenue  
PO Box 15285

Commonwealth of Va for DMAS  
Attorney General/Jody Allen  
900 East Main Street  
Richmond, VA 23219

Crowgey and Associates  
1108 East Main Street Ste 600  
Richmond, VA 23219-3535

Direct Capital  
155 Commerce Way  
Portsmouth, NH 03801



E Fax  
PO Box 361595  
Columbus, OH 43236

Henrico County Finance  
PO Box 90775  
Henrico, VA 23273

Henrico County Revenue Divisio  
PO Box 90775  
Henrico, VA 23273

Hirschler Flesicher Attorneys  
2100 East Cary Street  
Richmond, VA 23223

Hogge Law  
500 East Plume Street Ste 800  
Richmond, VA 23230

Internal Revenue Services  
c/o Ms. M Edwards Revenue Off  
410 N 8th Street Room 860  
Richmond, VA 23219-4838

Jackson Lewis Legal  
701 East Byrd Street 17th Floo  
Richmond, VA 23219

Jessica Spain  
Atlantic Constructors  
1401 Battery Brooke Parkway  
Virginia Beach, VA 23455

Kabbage  
740 Waukegan Road Ste 404  
Deerfield, IL 60015

Knight Capital Funding  
9 East Loockermann Street  
Suite 202-543  
Dover, DE 19901

Lauris Online  
419 Salem Avenue  
Roanoke, VA 24016

Miller Mechanical  
9701 Metroploitan Court  
Suite C  
Richmond, VA 23236

On Deck  
1400 Broadway  
New York, NY

Parker Pollard  
6802 Paragon Place Suite 230  
Richmond, VA 23230

Parker Pollard Wilton and Pead  
6802 Paragon Place Suite 300  
Richmond, VA 23230

Patient First  
PO Box 759041  
Baltimore, MD 21275-9041

Paycheck  
1175 John Street  
West Henrietta, NY 14586

Pitney Bowles  
PO Biox 963  
Buffalo, NY 14226

Porter Realty  
4801 Radford Avenue  
PO Box 6482  
Richmond, VA 23230

Relias Learning  
111 Corning Road Suite 250  
Cary, NC 27518

Shred it  
2883 Network Place  
Chicago, IL 60673

SPG Advance  
1221 McDonald Avenue  
Brooklyn, NY 11230

Staples Inc  
PO Box 361595  
Columbus, OH 43236

Stewart Financial Services  
13819 Vincent Lane  
Midlothian, VA 23114

The Flying Locksmiths  
1553 Bradford Road Ste 202  
Virginia Beach, VA 23455

The Nesbitt Law Firm  
1915 Huguenot Road  
Richmond, VA 23235

Tierpoint  
12444 POvercourt Drive Ste 450  
Saint Louis, MO 63131

United Health Care  
UHS Premium Building  
PO Box 959782  
Saint Louis, MO 63195-9782

Virginia Department of Taxatio  
PO Box 1777  
Richmond, VA 23218-1777

Virginia Employment Commission

Wilson law Group  
5000 Monument Avenue  
Richmond, VA 23230

Windstream  
3 Golf Center Suite 361  
Hoffman Estates, IL 60169

**United States Bankruptcy Court  
Eastern District of Virginia**

In re **Civitas Health Care Services, Inc.**

Debtor(s)

Case No.

Chapter

**11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Civitas Health Care Services, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

☒ None [*Check if applicable*]

**September 24, 2019**

Date

**/s/ Steven Shareff**

**Steven Shareff 24323**

Signature of Attorney or Litigant

Counsel for **Civitas Health Care Services, Inc.**

**Steven Shareff, Esquire**

**PO Box 729**

**Louisa, VA 23093**

**540 748-2176**

**eleban39@aol.com**

**United States Bankruptcy Court  
Eastern District of Virginia**

In re **Civitas Health Care Services, Inc.**

Debtor(s)

Case No.

Chapter

**11**

**STATEMENT REGARDING AUTHORITY TO SIGN AND FILE PETITION**

I, **Lemar Allen Bowers**, declare under penalty of perjury that I am the **Chief Executive Office/President** of **Civitas Health Care Services, Inc.**, and that the following is a true and correct copy of the resolutions adopted by the Board of Directors of said corporation at a special meeting duly called and held on the \_\_ day of \_\_, 20\_\_.

"Whereas, it is in the best interest of this corporation to file a voluntary petition in the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that **Lemar Allen Bowers, Chief Executive Office/President** of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that **Lemar Allen Bowers, Chief Executive Office/President** of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that **Lemar Allen Bowers, Chief Executive Office/President** of this Corporation is authorized and directed to employ **Steven Shareff 24323**, attorney and the law firm of **Steven Shareff, Esquire** to represent the corporation in such bankruptcy case."

Date **September 24, 2019**

Signed **/s/ Lemar Allen Bowers**  
**Lemar Allen Bowers**

Resolution of Board of Directors  
of  
**Civitas Health Care Services, Inc.**

Whereas, it is in the best interest of this corporation to file a voluntary petition in the the United States Bankruptcy Court pursuant to Chapter 11 of Title 11 of the United States Code;

Be It Therefore Resolved, that **Lemar Allen Bowers, Chief Executive Office/President** of this Corporation, is authorized and directed to execute and deliver all documents necessary to perfect the filing of a chapter 11 voluntary bankruptcy case on behalf of the corporation; and

Be It Further Resolved, that **Lemar Allen Bowers, Chief Executive Office/President** of this Corporation is authorized and directed to appear in all bankruptcy proceedings on behalf of the corporation, and to otherwise do and perform all acts and deeds and to execute and deliver all necessary documents on behalf of the corporation in connection with such bankruptcy case, and

Be It Further Resolved, that **Lemar Allen Bowers, Chief Executive Office/President** of this Corporation is authorized and directed to employ **Steven Shareff 24323**, attorney and the law firm of **Steven Shareff, Esquire** to represent the corporation in such bankruptcy case.

Date **September 24, 2019** \_\_\_\_\_

Signed \_\_\_\_\_

Date **September 24, 2019** \_\_\_\_\_

Signed \_\_\_\_\_